The MEDICAL MISSIONARY

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The MEDICAL MISSIONARY

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SHALL I BE A MEDICAL MISSIONARY?

WHO were the first women Missionaries? is a question I often asked myself. Accidentally I discovered that the first women, to leave home and country, with the aim of spreading the faith and helping where help was needed, were Ursulines and Hospitallers of St. Joseph who set out from France, and landed in Quebec in 1639. The former, in accordance with their purpose of foundation, devoted themselves to education; the latter, to hospital work in Canada. Since that brave venture, thousands have followed in their footsteps, so that to-day, the Mission sisters outnumber, by far, the Mission priests and brothers.

There are now contemplative sisters in many missions, others who mother orphans, cheer prisoners or do social work of some kind; but the two apostolates needing the most workers are education and the care of the sick.

Of necessity, education was always in the foreground. Of late years special stress has been laid on the Medical Apostolate. Not only is it a form of charity, which is inseparable from the spirit and practice of the Catholic Church since the Great Healer led the way, and a work of mercy, which has always flourished in the Church, but with the progressive enlightenment of the peoples of Asia and Africa, there is an outcry against the fatalistic acceptance of preventable scourges of plague, cholera, leprosy, tuberculosis, of the appalling mortality and morbidity of mothers and infants, and of blindness. The enormous economic loss caused by fevers such as malaria, sleeping sickness, of hookworm, kalaazar and many other diseases is realized more and more. The obstacles to progress in eastern countries most frequently mentioned are debility, epidemics and diseases caused by ignorance, lack of sanitation and hygiene, superstitious practices and lack of doctors, nurses, hospitals and dispensaries.

Medical Missionaries in India

Would it be possible to imagine the United States or Europe without the thousands of nursing sisters, and the still greater number of devoted lay nurses in hospitals, clinics, public health work, industry and homes? And the missions, with their greater number of people and the infinitely greater toll of disease, with only a comparatively small number of medical workers now call out on many sides for assistance? To meet this growing demand for trained medical workers on the Mission field, the Society of Catholic Medical Missionaries was established in 1925. It is a religious community approved by His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

In a private audience with our Sisters the Holy Father expressed his approval by saying that it was a joy to him to see Medical Missionaries and that the Society was responding to his thought and desire. On another occasion, he said that he rejoiced that they had chosen this noble vocation and he hoped that many would follow in their footsteps. He also emphasized that it is his great desire and ambition to have and to foster public interest in Medical Missions.

Many mission bishops wish to establish hospitals, dispensaries, and other Medical centers in their dioceses in India, Africa, and China. They either write asking us to send Medical Missionaries or they come personally, to make the appeal more impressive.

What a glorious chance for Catholic women to do good! There is no women's sphere, except motherhood, so preeminently a women's work as the care of the sick.

The Society now conducts a hospital in the

far north of India and maternity and child welfare centers in Bengal. To develop these Missions and to be able to answer the appeal of several mission bishops, we are sending out this trumpet call for vocations. Many fervent prayers go with our appeal to youthful souls, who stand at the threshold of life, to help them to decide their vocation and to overcome the obstacles which rise up like mountains, the moment missionary life is mentioned to the family and friends.

Who Can Join the Society?

Any Catholic girl who wishes to dedicate her life to God in the service of the sick in the foreign missions.

Is it Necessary to be a Doctor or a Nurse to Join the Society?

Three kinds of candidates are accepted:

Those who are already professionally qualified as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their profession to the care of the sick in the missions.

Those who have no medical training or who do not wish to take it up. In the Motherhouse and on the Mission field there is much work to be done which does not require medical knowledge; to mention only a few things: the care of the sacristy, housekeeping, office work, journalism, social service, etc. It is easily understood that such activities are inseparable from the Medical Apostolate and offer full scope for any who are anxious to help in the work.

Is it a Good Time to Join the Society After Graduation from High School?

Yes, because for a profession, which requires years of specific training, a definite course of studies can be pursued from the beginning, thereby avoiding loss of time.

In What Does the Life in the Motherhouse Consist?

Prayer, study and work occupy the day. The day begins with Meditation and Holy Mass. Attendance at conferences and classes, and household duties, of which every candidate takes her share, fill up the morning. Conferences on the spiritual life as required for members of a religious community and the classes on scripture, christian doctrine, church history and liturgy are conducted by the Holy Cross Fathers of the Foreign Mission Seminary in Washington. The candidates also study the religions and customs of the people, among whom they are going, and if time permits, they learn the rudiments of the language of their future field of labor. Those who show an aptitude for music are given an opportunity to learn the organ, and all candidates are trained to sing plain chant. The afternoon and evening are occupied with work and study, spiritual reading, recreation and community prayers.

After the completion of the period of spiritual and missionary training, the candidates are publicly received as members, in our chapel. They pledge themselves to observe the evangelical counsels of poverty, chastity and obedience, and to go to any mission field assigned to them.

Those who are already professionally qualified are then sent to the missions usually. Others, who have to take up or complete their studies, in some branch of medical work, do so in suitable schools.

In What Does the Work in the Missions Consist?

Besides the care of the sick in hospitals and dispensaries and training native nurses and compounders, our Missionaries go into the homes of the people of the cities and outlying villages to render medical aid including maternity and child welfare, and to teach the principles of hygiene and sanitation. Their helpful contact offers many opportunities to break down prejudice and remove superstitions, and introduce Christian ideals into every day life.

When are Candidates Received?

The feast of the Nativity of Our Lady, September 8, is the regular date for entering.

Am I Called to This Work?

This is for you to consider seriously. Can you realize what a privilege it is to be allowed to spend one's life in serving Christ in His suffering members and to bring to them the consolations and joys of our Holy Religion?

More detailed information can be obtained by communicating with Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C. Telephone, Decatur 3161.

Mission Intention of the Apostleship of Prayer for July: Medical Missionaries.

Spring blossoms at Medical Mission House

ON HIGHWAYS AND BYWAYS

By Sister Agnes Marie Ulbrick, *R. N.*

ONE of the many phases of Medical Mission work is that of including villages in the war on unhygenic conditions, diseases and death. On certain days of the week, always in the afternoon however, as we have the hospital dispensary in the forenoon, two or three of the hospital staff start off in the faithful Ford for the appointed villages.

An Indian village is not at all like an American or European one. It is simply from ten to a hundred huts clustered together, with a narrow crooked path leading from one shelter to another. These villages are close to each other, as a farmer does not live on his farm but in the village, and each family is alloted only a small patch of ground for cultivation. Our Ford is parked on the main road and we scramble through fields, up and down hills, to the selected spot.

Dr. Joanna Lyons among village folk

The initial visit is sometimes very amusing and we get as much fun as work out of an afternoon. At the entry we start off our servant. He, with medicine box on his head, marches forth bravely, announcing our arrival. His war cry frequently discloses our nationality, the length of time of our stay in India, and medical skill. Usually it runs something like this. "Anybody sick in this Pind? A Doctor has come all the way from America with good, very good medicine. She can cure any disease, etc." One of two extremes then happens. Either we are encircled by all the villagers or not a person is seen, unless we cast a backward glance, when frightened faces bobbing out of every door and window, crack and crevice, meet one's eye. One or two of the boldest may venture forth, and if asked for the sick the answer promptly comes: "Oh we have no sick people here." "This is a very fortunate village indeed, be thankful to God," we say, and pass on. We share the path (or rather they share it with us) with goats, big ones, little ones and baby ones, donkeys, chickens, ducks, anything and everything but people. Arriving at the end of the town, we retrace our steps and sometimes pass out the front gate without having seen anyone. At other times, they screw up enough courage to bring forth just one of their many sick. If that happens, we know that we have won the day and after a few minutes we wonder how we are going to extricate ourselves. Dozens and dozens appear from apparently nowhere. Right there in the path, or courtyard, if we can get that far, we park ourselves and start work. Some are only slightly ill; a bottle of medicine or a little advice is sufficient for them. Others are seriously ill; all that is possible is done for them or they are advised to go to the famous "Holy Family Hospital." Others come forward only to be amused or admired, especially is this true of proud mothers. Their baby boy is the finest in the village and the Dr. Missahiba must know it. The bouncing baby having been admired she goes happily on her way. There are other babies, pitiful skeletons who have had insufficient or improper nourishment, little or no sunlight and fresh air and are considered hopeless. These are prepared for a happier dwelling.

I remember, on one of our tours, having just entered a fairly large village, to which we had been invited previously, and being asked at the very entrance to sit down on a charpoi (string bed). In two minutes there was a huge crowd and perfect bedlam, each one proclaiming in a loud voice his or her illness, seat of pain and duration of same. It was a case of calmly seeing one at a time and letting the others entertain themselves. One mother, on the outside of the circle, thought her young son ought to have a dose of castor oil. She evidently had some friends in the crowd for the little fellow was relayed over the heads of all and planted down before us for attention. This given, he was returned in the same way to his mother.

After the outdoor work was finished, we were taken to the homes to see those too sick to be brought to us. The huts are usually one room, small and windowless. In the winter, a fire may be smouldering on the mud floor to supply a little warmth. All light and fresh air must be excluded, especially if the patient has a fever. One of the household will bring a small oil light or a lantern to enable us to see the patient. It is fre-

quently a young girl suffering from tuberculosis. Upon inquiry we will likely be told that eight or ten people, plus a few goats and chickens live in the same room with her. No isolation of dishes or clothes, no sun and fresh air. She is advised to go to the hospital, not that much can be done for her, especially if she is an advanced case, but with the hope of checking the spread of the disease to other members of the family. A pneumonia case may be found in exactly the same condition and suffering acutely from lack of air, proper food and nursing care. She is surrounded by filth, superstition and ignorance. What are we to do with her? It is a case needing, not only medicine, but nursing care and a lot of it. The hospital is miles away and the only mode of conveyance is our open car or a bullock cart.

When we think of the suffering that must be endured, without alleviation, before the recovery or death of many a patient, we are really moved to pity and we eagerly hope for the day when medical mission work can be done on a much larger scale; when millions of India's poor women will not have to be born, live and die, without proper medical relief. How much suffering and how many an untimely death could be prevented.

One village finished, we go to another, each one being much like the preceding one, until the setting of the sun warns us that the day is near its close.

A village touring bandarwalla (monkeyman). He and his performers do not look what you would call cheery. but you have to laugh at them all the same

Our faithful Ford is always ready to do us a service and we start for home, hoping some good was done, some beginning made for the establishment of God's true religion in India's rural districts.

MILL HILL BISHOP VISITS MEDICAL MISSION HOUSE

Rt. Rev. Bishop W. Bouter recently honored us with a visit. Bishop Bouter is a native of Holland and a member of St. Joseph's Foreign Mission Society of Mill Hill and one of the youngest, if not the youngest bishop in the world. He is the Shepherd of souls of the diocese of Nellore, which is south of Madras. The object of the bishop's visit was to enquire whether there are any Medical Missionaries available. The Sisters of Jesus, Mary and Joseph already conduct three flourishing government hospitals in his diocese. The success of Medical Mission work leads the bishop to aim at establishing more Medical Mission centers. The work is there on all sides, but not the workers. It will come, however. The prayers for Mission vocations in May are bound to bring results.

THE CATHOLIC ANTHROPOLOGICAL CONFERENCE

On Tuesday, April 7, the sixth annual meeting of the Conference was held at the Catholic University, Washington, D. C. The Very Rev. Michael A. Mathis, C.S.C., opened the meeting. In an inspiring speech he congratulated the members on the success of the movement and pointed out to missionaries the fine opportunities they would have to aid the work of the Conference. As in former years, business meetings preceded both the morning and afternoon sessions.

The Relations of Religion and Morality among different people was the subject chosen for the symposium this year and the following papers were read:

Rev. Edward A. Arbez, S.S., Professor of Sacred Scripture, The Sulpician Seminary, D. C., "The Relations of Religion and Morality Among the Early Semites."

Dr. Martin R. P. McGuire, Instructor in Latin and Greek, Catholic University of America, "The Relations of Religion and Morality Among the Early Greeks and Romans."

Rev. Albert Muntsch, S.J., Professor of Sociology, St. Louis University, St. Louis, "The Relations of Religion and Morality Among the Plains Indians."

Rev. John M. Cooper, Professor of Anthropology, Catholic University of America, "The Relations of Religion and Morality in Primitive Culture."

The very interesting papers were followed by equally interesting discussions in which both veteran and young missionaries took part.

His Excellency, Rt. Rev. Bishop W. Bouter of Nellore, India; Rev. C. C. Brooks, C.S.C., of the Holy Cross Foreign Mission Seminary, Washington, D. C., and the Editor

INFANT MORTALITY AS SEEN BY AN INDIAN WOMAN DOCTOR

By Dr. Baliga

IT IS obvious that the main object of every educated human being is to enlighten his or her less fortunate brethren on the importance of the laws of personal hygiene, sanitary dwellings and environments, pure water supply, wholesome food, the hygiene of motherhood and childhood, and other allied subjects, and to impress on the public mind that disease is a thing which can and should be prevented and that a high general mortality rate or excessive infantile mortality, as it exists in our country, should be reduced to a minimum. To achieve this object, it is very necessary to put in steady, determined, and persistent propaganda work. When we have reached such a stage as to consider the sight of an ill-nourished or neglected child in our midst a personal reproach, we may say our object is well-nigh achieved. You are aware that, in the Madras Presidency alone, more than ten lakhs of people (a lakh is 100,000) and three lakhs of infants within one year of life, die every year, mostly from preventable diseases, such as small-pox, enteric fever, dysentery, malaria, hookworm disease, etc., and that for every death from these diseases, three times, if not fully four times, the number become so poor in health that, instead of being able to earn their own living and maintain their families, they themselves become a heavy burden on their families and the nation. Here are a few comparative statistics. In almost every country in Europe, infant mortality is well under 100 per thousand.

The infant mortality in the Madras Presidency stands at 200 per thousand. Three hundred thousand children die every year below the age of two. This rate is far less in this presidency than in other parts of India.

Fifty years ago in Calcutta, the infant mortality rate was 600 per 1,000 and even now it is 260 per 1,000.

In Central Provinces, the mortality rate in 1929 was 240 per 1,000. The actual number of infants under one year who died in Central Provinces in 1929 was 147,000. Central Provinces has the unenviable reputation of having the highest rate infant mortality of any Province.

In this province, twenty-four out of every 100 babies born die before they are one year old, compared to seven out of every 100 in Great Britain.

In England the maternal mortality rate has been stationary for the last 15 to 20 years, standing at four per 1,000. In Italy, the figure is only two per 1,000.

India's rate is 25 to 30 per 1,000. In the love of mankind and of children specially, no nation can surpass us Indians, but then why is it that we allow this appalling general and infantile death rate to flourish in our midst? It is chiefly due to our ignorance, apathy and poverty. Some means of prevention are: prenatal care, chiefly through ante-natal clinics, encouragement of proper feeding, competent and compulsory medical supervision of infancy, clean milk, escape from city heat, if possible, better housing, scattering of crowded tenements, cleanliness, better artificial feeding when necessary, milk depots, mothers' leagues, social service workers and orphanages, establishment of maternity and child-welfare centres and improvements in medical and obstetrical practice. Further, we should advise mothers to take their babies every now and then to children's hospitals for consultation, to see whether the baby is thriving properly or not and get advice. I would also suggest that rate-payers in every municipality should compel the municipal authorities to hang up in the council hall monthly returns, in large type, of deaths and births and infant mortality figures, so that, when the council meets every month, the city fathers may know what real steps they have taken to increase the happiness of the people by lowering the death rate among the general population, and what attention they are paying to the babies entrusted to their care. To attain our object, more and more spread of education and diffusion of knowledge among the masses is necessary. Health education should properly begin in the home where the developing child is taught the art of sanitary living. Schools should teach the structure and functions of the body, hygiene of person and sanitation of his surroundings, and this should be continued from the kindergarten to the universities. Popular methods of education are through newspapers, picture exhibits, lectures, opening of maternity and child-welfare centres, movies, etc., and the holding of the health and baby week once a year has an importance of its own in this respect.

Infantile mortality is the most sensitive index we possess of social welfare, and if babies are well-born and well-cared for, their mortality will be negligible. It is well-known that infantile mortality is much higher in large towns than in rural areas. The large number of still-births and deaths among mothers during and after confinement are chiefly due to the ignorance of country nurses or dhais and are certainly controllable and should be controlled. Higher infantile mortality in towns than in the country is not because of the better environments of country life and air, but because most of the important conditions which cause high infantile mortality are hygiene, sanitation and character of the population. In all factory towns, a very high infantile mortality is seen, due largely to the employment of mothers in factories and hence neglect of babies who require constant care from the mothers. During the siege of Paris in 1871, while the general mortality in Paris doubled, infant mortality fell 40 per cent, on account of loss of opportunity to mothers of outside work, when women were compelled to stay at home. Of course poverty plays an important part in infantile mortality. Strictly speaking, infant mortality is a class disease inasmuch as money can purchase health and even life itself. In well-to-do families in England, infant mortality is said to be a negligible factor and among laboring classes it rises as much as 32 per cent. Halle states that of 170 infantile deaths from bowel complaints investigated by him in 1903 and 1904, there were 161 among the poor, 9 among the well-to-do and none among the rich. Infant mortality is especially high during the first few weeks of life and mostly due to prematurity, general debility or injury at birth.

The chief factor of infant mortality is infancy itself, the period in which the flame flickers feeblest. More infants die primarily from accidental and therefore preventable causes.

The chief specific causes that increase infant mortality are early marriages, artificial feeding, hot weather, dirty stale milk, bad feeding, unsuitable food, lack of prenatal care, gainful occupations of mothers, poor housing, lack of cleanliness, alcoholism, disease transmitted by the mother, imperfect hygiene and sanitation. The causes then are multiple and exceedingly complex and include social and economic factors. One other important cause is tetanus among infants due to native nurses not regarding aseptic methods.

It is said that 85 per cent of all infant deaths are in bottle-fed babies and 90 per cent of infant deaths from bowel complaints are bottle-fed.—*From the Indian Ladies' Magazine.*

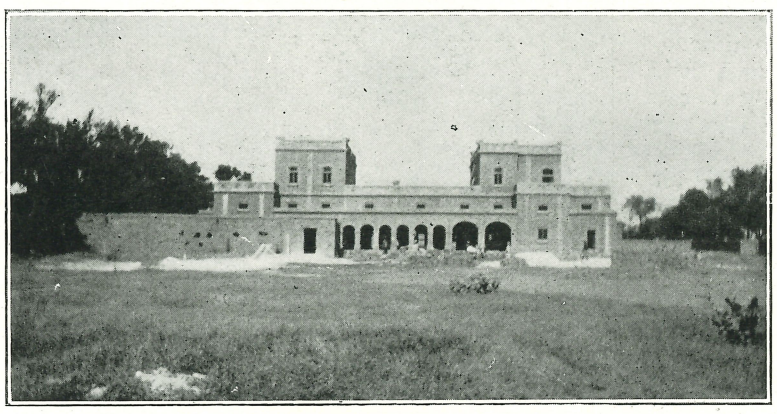
FIRST IMPRESSIONS OF A MISSION DOCTOR IN INDIA*

By Dr. B. K.

YOU asked me to write to you, so here goes. I love India; I love the hospital and everyone in it and I am ever so glad to be here. Dr. Lyons is most kind and helps me in every difficulty and with puzzling cases. I find much more tuberculosis here than I had dreamed possible.

Would you like to know of a few of the cases that struck me as unusual?

A lady with a huge jaw came in. It was covered with cow dung as a dressing; possibly tobacco was also present in the mixture; at least there were some long, tenacious brown leaves plastered along the ear area. I thought of earache and demanded a local bath before I attempted diagnosis. It took half an hour before daylight could penetrate the mess. That done, I found about fifteen three-cornered deep pitted holes surmounting areas of special inflammation and swelling. It looked like some foreign thing, possibly sporotrichosis, of which I had only read in magazines. I called in Dr. Lyons. Underlying the trouble were badly swollen lymph nodes, possibly a TB process. Dr. Lyons said the triangular holes were the local method of opening absesses, after cow dung had been applied for the correct interval of time.



Holy Family Hospital, Rawalpindi, India (original building)

A servant came in to ask for medicine for her mistress who had had a very sore throat for two weeks. I asked to see the said mistress and meanwhile gave some medicine for tonsillitis to keep the lady out of possible misery, till she could come to the hospital. Her very sore throat turned out to be a chronic goitre!

A woman came in dying of heart failure. She died. In the middle of my clinic, in came all her relatives wailing at the top of their lungs. They wailed an hour and then took their mother out to the funeral pyre where she was burnt. All my patients left consulting me so that they could see exactly how dead the patient had become.

The favorite request made me is, "Give me such a medicine, so that I will have a baby."

Many grandmothers come to me with orphan children with TB, and ask me what is the matter and leave weeping. It is so hard to make them hope when they hear there is TB. They weep so silently and heart-brokenly. Believe me, there is love in India, great love for all children. I have not yet seen a child treated in an unkind manner. Many are spoiled.

Medical practice is very different here from that in America. I do love the people. Between thirty to forty come to clinic daily. I can not yet tell Mohammedans from Hindus.

India, as a country, strikes me as very beautiful, and most ready to respond to kindness. There are dear, patient, long-eared, lop-eared, fuzzy donkeys passing on the road all day long, carrying huge loads of bricks on their backs, trotting along as merrily as though they were bound for green pastures instead of more loads of bricks. Cows, surly, long-curled-horned creatures, snort by, and grumble in their throats as they kick up the dust. Camels go by, with a supercilious air and a mean kick in their hind legs, chewing whatever they do chew and puffing out their lips and cheeks. People go by in two-wheeled wagons behind brisk horses.

We have a dressmaker who works on the veranda. It is a man. On his head he wears a straw cap big enough to fit a baby; around it is wound a fairly clean towel, bath variety. His shirt is like any man's. His trousers bag medially. He wears no shoes. He sits on a grass mat and with the sewing machine on the floor beside him, can cut out and copy the make of anything handed him. He sews by hand, right rapidly, too.

Joseph, our cook, served us with apples tonight for dessert. I was amused to find a nut-cracker and a corkscrew in the apple dish. Were we to pull the apple seeds out with a corkscrew and then crack them with a nut-cracker and eat them?

You ought to see the washerman wash my clothes. He grabs them tight in one fist, faces a huge marble slab, compresses both lips, says "wham" loudly, and dashes the wet things hard against said stone. After he has done this till he considers the articles sufficiently punished, he rinses them and sets them in the burning sun to dry and fade. Then he irons them well, rolls them into a fairly tight bundle and offers you the

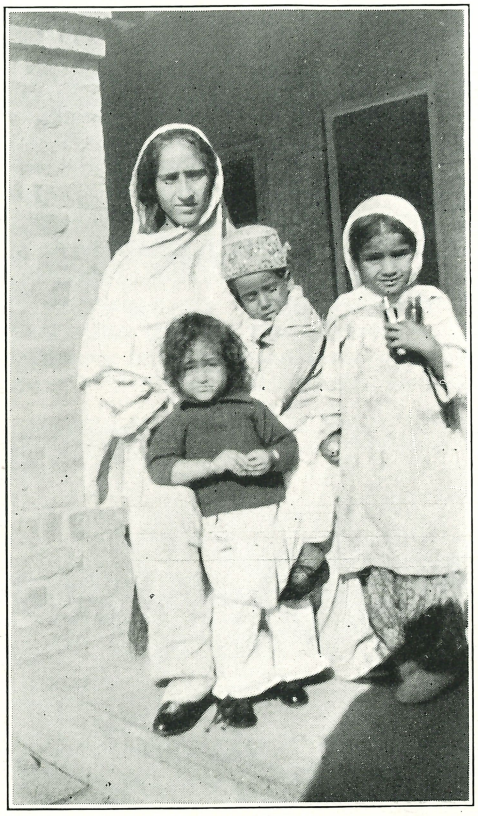
* Dr. B. K. is a young woman doctor who went to India recently as a lay missionary to work with Dr. Lyons.

result with a happy smile. My man does good work. You should see the handkerchiefs of one of my friends, shreads, open-work, lace; he must use some chemical.

The weather grows more and more perfect. It is warm enough to go without a coat. Dr. Lyons' suggestion sent me to town today to get a driver's license. I got it. The wheel is on the wrong side of the car, traffic goes on the wrong side of the road and everything mechanical about the car except the horn is placed where it is not accustomed to in America. I rounded one corner in a hurry and could not find the right pedal to slow things up; the result was that I frightened a Hindu so horribly that the last I saw of him, his coat tails, not to mention shirt tails, were flying in the breeze. I had no time to apologize. My own hair felt insecure. But I can now drive a la India and do it well.

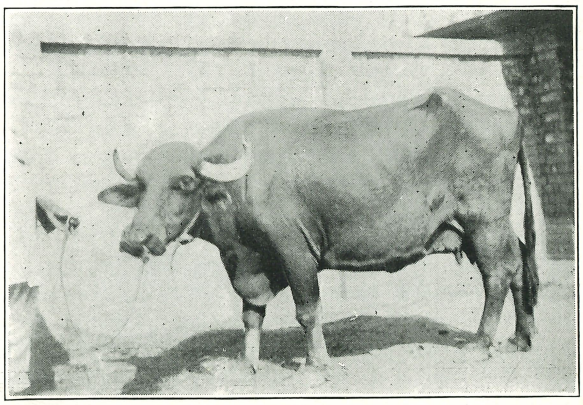
Saw a camel lose his air of superciliousness for the first time today; he was in traffic and actually looked worried and awkward as he sought an avenue of escape.

My mehterani's (sweeper woman) place is taken today by a young woman who is really very beautiful and quite light skinned. Her hair is curly and black, worn in a long pigtail down her back. She has on the regular man's shirt (always in man and woman, worn shirt-tail out) white in color, white trousers, a white sari (what the women wore in Bible pictures) and shoes. The shoes are heel-less, black, with leather covering only the toes. This mehterani wears ankle bracelets. Many richer women wear ruby rings made of glass and diamonds in their noses and bracelets, rings on toes, and head-dress of gold spangles. One today wore Persian blue trousers, periwinkle sari lined inside with pink, tan shoes, and lovely ornaments; she was a beauty. My mehterani, to return to the original subject, is decorated to her perfect taste today. She has been chewing betel nut, which is India's equivalent for gum. The nut colors the teeth a brilliant red. Then the lady dyed her finger nails and toe nails a deep red; the color has partly worn down with time and her hands are the masterpiece. Some women tattoo. She has used what most use, namely iodine. They stipple their whole hand with iodine spots as large as the pupil of the human eye and if that be an elastic measurement of size for you, so are the stipples elastic in size. They go on with no regularity but are not allowed to overlap. It is quite ugly. The nurses are fined every time they indulge in doing it. The nurses, by the way, have come from homes far away. On Sunday, they wear the most beautifully embroidered dresses that you ever saw. They offered to dress me up in one of the nicest saris on next Sunday and take my picture. A whole dress of the prettiest type I have yet seen costs about six dollars.



Family group at dispensary

It must be the haying season, for bullock carts with huge loads of hay go by all the time. Wheat is one of the commonest things grown here. I was interested in their other products. Last night one of the nurses returned from a shopping tour, on which her brother had taken her. We do not allow the nurses to go out alone as they lack sense and misbehave if alone; too many generations of an enclosed life. They love the life here and feel most free and privileged. They do not appreciate good times as we do. If they are taken on picnics, they refuse to eat, hide their faces in their saris and giggle. They prefer native food and will eat when we are absent. Once last summer, a splendid Christian native had his wife ask them to tea in his home before he took them to the movies. They were too bashful to eat a thing. Given a holiday, they have no idea of how to play; they sit in a corner and wait for



A water buffalo. One of India's most useful if not most picturesque animals.

the holiday to pass. Well, the one I started to speak of had had a visit from her brother and he took her to town. She returned with two huge oranges, about ten plums, three guavas, a lot of loose popcorn and many tiny nuts. The plums are green things and look like plums, but smell differently. The nuts are good. Guavas I never saw before. All the purchases were done up in a handkerchief of silk. Popcorn is common here. You can buy it at any street corner, full of flies and chiefly kernels. The girl offered me all she bought, but I took only one nut which is, I expect, what she wished me to do.

I must study Urdu now.

Do my notes give you the slightest idea of India? And do believe me that though all the women seem to want such a medicine that they may have a baby, that though it is a shame to bear no sons, yet the men seem to be good to and love their wives very often. I have seen what looked like very deep affection between husband and wife. It is quite common for a father or husband to come to clinic to see about what ails his daughter or wife, to ask about her welfare, or to get medicine for her. True, they may be rich and refuse operations on the grounds that they cost too much, they may be unwilling to have the relatives in the hospital away from home for ten days on the ground that she is needed at home; they may not treat her to the care they bestow upon themselves; yet many of them do love their women folks. The picture is far from being all black, or so it seems to me. But wait until I can understand what they say to their women in their own tongue. To Europeans, they try to appear fine in all ways. I have in no way begun to penetrate their true surface yet.

You should see our hospital wards. All but the very poor will eat only their own foods so we must allow them to bring it with them or cook it here. It is a mess. Also, no woman wishes to sleep here without some other female to safeguard her reputation. So, besides every hospital bed is placed a lower bed on which the relative sleeps. This duenna has such a blooming curiosity about the other fellow's ailments that she will crane her neck to the utmost of its elasticity to see what goes on around the corner in the next bed. In the clinic they all talk at once. No matter what ails them, they are happiest if one takes out a stethoscope and takes their pulse. One was in great rapture because I took her temperature to prove to her that she did not have fever at the moment.

I always had an idea that the Catholic Church was referred to as The Early Christian Church due to its historic antiquity; lately, I began to doubt the idea; now, I no longer doubt, I know. My first guess was incorrect. It is called the early Catholic Church because it is exactly that. We rose at 4.30 to go to Mass. Now I ask you, can you tell a bigger one than that? Of all the perils of India, I assure you that early rising is the most harrowing. To go into detail, we were dressed and waiting outside the chapel for the Flivver before 5; by 5.30 we were in the city's slums. It was weird to pass by tortuous roads, through narrow streets, past native huts, into a tiny crowded alley where the church was located. The houses in the street were built together as one solid mass. Each house had a door onto the street. I can recall no windows. The buildings were only one story high and of adobe. The chapel had a cross painted beside the door lintel. Someone showed us great courtesy by opening the door for us, lighting our way with candles and lanterns, and above all putting a bridge of three boards across the sewer which flowed along the sides of the street. Two houses away someone had started a charcoal fire which burned sulphurously. We entered. The chapel was a room not twelve feet wide, about ten high, with an altar at one end, a cupboard built in the wall at one side of it, one chair, a side closet or small room where confessions could be heard. The ceiling is beamed with three by sixes a foot apart. The floor has a carpet near the altar. I missed the carpet by six inches and had to kneel on the rush matting which covered the remainder of the floor. And, mihi credi, this place is in style and glory now; it was once very bare. But I assure you, the pattern of the rushes is engraved not only on my memory but also on my knees. There were four kneeling benches and five of us. The benches were too short for me so I took the floor in preference. Besides, the benches were homemade and I feared to trust my weight to them. I am a bit too bulky for Father's carpentry (with all apologies to Father). The room was about twenty-five feet long; there must have been about twenty natives behind me, all kneeling on the floor. There were three lanterns, and they were given to us. Several of the natives went to Confession and received Communion. The altar looked great, really. It was made of a packing box and still retained the indentations made on the wood where hinges had once been applied; but it was painted white and a roof-like structure put upon it, planed smooth, with a beautiful little cross on top of all that. The whole was one spotless white. The altar was, I think a table, but it looked reverent, covered with the proper altar clothes. I tell you, that was some chapel. I am ever so glad I went. Everything was most devoutly entered into. With the natives, I sat cross-legged when it was not necessary to stand or kneel. It really is a fairly comfortable position, though a bit extraordinary for church decorum.

On our return home, we said morning prayers in the chapel and then slipped out for coffee and toast after receiving Communion. Then we heard Mass in our own chapel, which looked rich and sumptuous compared with the one we had been in. Yet it is a small simple place. The natives near here all attend it with us, for, though it is the chapel attached to the hospital, it happens to be the village chapel also. . . .

THE SOCIETY AT HOME AND ABROAD

THE MONTH OF MAY

The most beautiful month of the year is dedicated to Mary, the Queen of Heaven and Earth. She is the Mother given to us all and we Christian women can truly call her "the Cause of Our Joy." Under that title we honor her specially in our Society in gratitude of the blessings which have come to womanhood through her and in the hope that through our work, these blessings will also become available to women of mission countries. In this issue, we wished to throw as much light as space permitted on the aspirations of women of other lands. It is the special aim of our Society and of our magazine to create a bond of sympathy and understanding and mutual helpfulness between Christian and non-Christian women. May Our Lady, blessed among women, help us to carry out this ideal and obtain for us from Her all powerful Son, success in our undertaking.

Our Lady of Light

OUR GREATEST NEED

Through Mission hospitals much good is done, but not without expense. The patients and the workers have to be housed and clothed and fed, and equipment and medicines have to be provided. The local income from grants and more well-to-do patients, who can pay a little, is a help, but the main burden of the maintenance of our hospital for women and children in Rawalpindi still rests on us.

On account of the general financial depression we are in arrears; we had not the courage to make a special appeal. On July 1, a payment of $6,000 is due. How to meet it, we do not know yet. Could six thousand Catholic women be found who would give $1 each in honor of Our Lady, Cause of Our Joy?

OUR STANDBYS

The Little Flower Medical Mission Circle in Harrisburg was five years in existence on April 21. We are deeply indebted to the president, Miss Katherine Hemler, and her faithful coworkers, for their continued efforts. In every letter, the president reports how gladly and spontaneously the members continue their help. To us the monthly check of $25 comes as a doubly valuable gift, being so dependable. If we had more circles, our work would be so much facilitated. Also we can safely say, the founding of new circles would bring joys and blessings which could not be imagined beforehand. Miss Hemler for instance mentions in her last letter that since the beginning of the circle, forty-six favors were obtained by members through the intercession of their Patron, the Little Flower. It is a case, "where two or three are gathered in My Name, I am in the midst of them." The members pray for each other, have Masses said for deceased members and keep in touch with the Society, in whose prayers and work they take a special share.

Whilst nothing worthwhile in this world can be achieved without effort, it is not so hard to start and keep up a mission circle. We shall gladly give helpful hints how to start one if desired.

THE THRIFT SHOP IN NEW YORK

The Thrift Shop is flourishing; we are glad to hear of it. May it always be so and may our friends keep it well stocked with rummage of all kinds. The address is 902 Third Avenue, New York. Telephone, Plaza 3-1850.

Donations of goods are sent for by request.

THE AUXILIARY TO THE CATHOLIC MEDICAL MISSIONARIES

For a long time it has been our desire to enlist the cooperation of the women of Washington. Whilst the door of help is open to everybody, local friends can be a standby in ways in which distant friends can not. Therefore we rejoice that an auxiliary has been formed here in Washington with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore, and under the leadership of Mrs. Montgomery, who is interested in many works of charity. One of our Missionaries happened to travel on the same boat as Mrs. Montgomery; it was in this roundabout way that she became acquainted with our Society. A committee of ladies has been formed with Mrs. E. Reinoehl as chairman. The first activity of the auxiliary was a benefit sale. We thank all the ladies for their interest, and hope and pray that their cooperation will mean much for the development of our Society.

NEWS FROM OUR MISSIONARIES

RAWALPINDI

DR. FINNIGAN writes:

It is almost the end of March and the new arrivals are beginning to think that India can be hot, although a week ago they were complaining of cold.

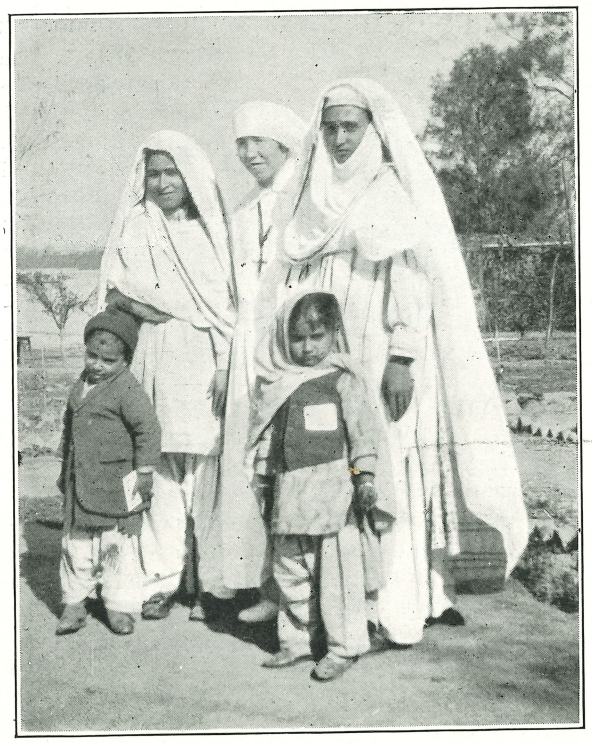
A short time ago we made the Thirty Day's Prayer to St. Joseph and, of course, he responded, as he always does. Accustomed as we are to the way he always answers, we were nevertheless *very, very* surprised when the Propagation of the Faith presented us with a little more than a thousand dollars!

This week we had the Forty Hours' devotion in our chapel. On Sunday for fourteen hours, and on Monday and Tuesday for thirteen hours, the Blessed Sacrament was exposed. We sang the Mass each morning. On Wednesday (the Feast of the Annunciation) we first had Low Mass at 7 a. m., and then Solemn High Mass at 9 a. m.

We are all very well. We are so glad to know that you have water at last and also a gas cooker. The latter must be a great convenience. Our water is cut off already in the middle of the day for four or five hours. It will surely be very scarce when it gets really hot.

SISTER M. THERESE writes:

Dr. Lyons being out on a case, I had to go on an emergency call the other day. Two Hindu men (as poor as church mice) came very excitedly and said that the wife of one of them would die if somebody would not come quickly. As it sounded very serious, a student nurse and I set out at once and found the patient lying on the floor on old rags, with a couple of bricks for a pillow. About four or five women were around her in this one-roomed house. The patient had (as our Washingtonian friend would say) the trembling shivers. No wonder, she had been lying there for six hours and the baby beside her. After doing the needful for mother and baby, I ordered a hot drink for her, also a bed and told them that I would come back in half an hour. I returned with medicine for the patient. The relatives were fixing a bed for her, no mattress, of course, but the same old rags. It was pitiful to see her, but there were some incidents connected with it too humorous to mention. . . .



Sister M. Therese with Mohammedan patients, the majority of whom will come to the hospital veiled from head to foot

DACCA, BENGAL

SISTER M. LAETITIA writes:

I am enclosing a clipping from a Calcutta paper about the Baby Show in Dacca. We felt that it was quite a success because so many more babies were there this year, especially from poor families. Last year, practically all the poor mothers were turned away because their babies were either unvaccinated, dirty, or had rashes. This year we had a separate room for the poor and we admitted them all, about sixty mothers, each with two, three or four children, and we had three medals for the best three babies. It is much better to keep them separate because they have no chance of getting a prize when they are with the babies from well-to-do families. We had sweets for them and we expected to give each mother a dress for her baby. We had forty-five dresses which we thought would be plenty but there weren't enough to go around so we tried to give to the most needy. Of course, there was great disappointment. Next time we shall prepare for a larger number. The Sisters and St. Gregory's Boys' School lent their motor buses to convey the poor to and from their homes. Two hundred and fifty rupees were contributed by the people towards the expenses of the Welfare Show. . . . Today we went to the Ordination Ceremony of a young Indian priest. It was very inspiring. Father Stephen looked supremely happy.

THE STORY OF A DOG

(*Continued from page* 15)

that it was a toy dog. The gurru said that he had never seen such a thing in his life. He sat one hour and looked at it steadily. When the head of the dog was turned, the climax was reached in the gurru's estimation. He thought Raja was the most marvelous thing he had ever seen.

This is not the end of Raja, but I presume he is leading a peaceful, useful life, being the playmate of a gentle, sweet, little Indian girl. If his companion were a boy, his days might be numbered. If any other adventure worthy of note should come into Raja's life, we shall tell our readers about it.

IDEALS AND PROGRESSIVE SPIRIT OF INDIAN WOMEN

DELEGATES from ten countries were present when the All-Asia Women's Conference was opened by the Rani of Mandi, on behalf of the Maharani of Kapurthala, who was unavoidably absent.

The Rani of Mandi said: "This is the first gathering of its kind in Asia. We meet to promote cultural unity among the women of Asia to place at the service of humanity those qualities which are peculiar to our Oriental civilization, to stamp out those evils which have crept into our civilization, to pick out and adapt those qualities of civilization and culture which have elevated the West to the high pinnacle of social and material prosperity, to benefit ourselves by exchange of experience in our respective countries and lastly to advance the cause of the world peace. It is our desire, not merely to regenerate ourselves, but through us regenerate and promote human progress and happiness at large."

Concluding, the Rani of Mandi said: "Let us discard the customs and traditions which have been strangling our domestic lives and wield an inspiring and noble influence in our household, in our country and in the world at large."

The secretary read messages from prominent women and women's organizations throughout the world.

A lawyer's wife. She is an educated Indian lady. She was recently a patient in the hospital

Among the foreign delegates were Mrs. Mohl (Jerusalem), Madame Nasik Abed (Syria), Madame Nour Hamada (Damascus), Mrs. Ani (Basra), Madame Mastoor E. Afshar (Teheran), Mrs. Hasan Ara (Afghanistan), Bibi Moulk, and Begum Amiruddin (Persia), and Mrs. San and Miss Soon (Java).

The most interesting part of the proceedings, which was punctuated with cheers at short intervals, was when the delegates wished the Conference success in their own languages and in broken English.

There being no woman delegate from China, General Lin Yen Hen spoke for that country. Visitors from New Zealand and America specially came.

Sir Jogendra Dingh, Minister of Agriculture, welcomed the Conference on behalf of the Punjab. He said that the Conference showed signs that a new dawn was breaking in the East with a promise of renewed life and glory.

It was a significant fact that two women were included in the Round Table All-India Conference. It is a hopeful sign of the emancipation of the women. The leaven of enlightened womenhood will necessarily penetrate slowly from the 2 per cent literate down to the poverty racked and toiling peasants who exist on the edge of starvation.

For long centuries their creed has been a gentle resignation to fate, an incredibly patient, shouldering of burdens too heavy for their frail shoulders, early marriage and motherhood without proper care, the shame of widowhood, the confinement of purdah, harem or zenana.

MEDICAL MISSION NOTES

A Splendid Record

The seventy-fifth anniversary of St. Elizabeth's Catholic Hospital, Curacao (Dutch West Indies), was celebrated on December 3 by the presentation to the Sisters of a popular purse of 12,000 Guilders ($4,800) collected by a committee of Jews, Protestants and Catholics. The hospital, which started modestly, is now a modern institution with a staff of 52 nuns and 25 nurses. Patients during the year totalled 2,643, with 488 operations, and 204 births.

A Novel Method of Mass Education in Matters of Health

S. E. Chahine Pacha, undersecretary of state for hygiene in Egypt, has made arrangements to teach elementary notions of health and hygiene by means of illuminated signs. The lesson varies every day. On Monday for instance the sign reads: Tuberculosis does not attack persons of a strong constitution, but those who are weak and run down. Alcoholism lowers your resistance to disease.

On Tuesday: Flies and insects propagate dangerous diseases, etc. Flies spread a great number of eye diseases, etc., etc., etc.

THE OLD AND NEW REGIME IN CHINA

FROM the first of January, 1931 on, women enjoy equal rights with men according to the civil code. Women have played a great political rôle in modern China. The majority of young women who go to school, study with the idea of earning their living. Opportunities and openings for the work of women are numerous.

Before the great Chinese upheaval, women in China lived, and in many places still live secluded, somewhat in the fashion of Mohammedans. It is well known that in Chinese writing, words are expressed by signs which indicate their purpose. The sign for women is wife and broom; that explains her rôle in ancient society. The birth of a girl is indicated by a tile, that of a son by a pearl. When a father noticed that he had too many girls, he abandoned them without scruple, for he has a right of life and death over them.

Chinese girl

The education of a girl was not complicated; she learned first her three obediences, to her father, her husband and to her sons. She was required to be modest, have good manners, able to speak without éclat and be silent frequently. She must be able to spin, sew and be a good cook. As a symbol of submission, her feet were bound for three years, condemning her to immobility for that time and great suffering.

The parents arranged the marriage, the date, the dowry to be paid to the father of the girl and the ceremonies. When everything was fixed, the bride all dressed in red, was taken to the parents of her fiancé whom she saw then for the first time. The marriage was made before the ancestral tablets; then a ceremony took place in the temple in the presence of wild geese, symbols of fidelity.

The young wife was then installed in her new family. There she lived with other women in the most remote part of the house, all the windows of which open into an interior courtyard. Her task was to bring up her children and follow the instructions of the mother-in-law. Frequently she would have to endure the presence of one or more women brought by her husband. She was expected to live in harmony with these intruders whose children were considered the equal of hers. In seven cases she could be repudiated, one of these being childlessness. Under no pretext could she break her chains. The penalty for infidelity might be simply death inflicted by her husband.

In new China the picture is a different one. The Chinese woman of today is emancipating herself with an amazing rapidity. She is conscious of her personality and fights bravely for her liberation. She goes to school, obtains diplomas and is eager to see and hear things. She goes to the theatre, to the cinema, the races and drives her car. A monthly bulletin is published in the interests of the rights of Chinese women. *The League for the rights of the Chinese women* has undertaken the fight against the abandoning of girl babies, of polygamy, of opium traffic and mendicacy. A section of the league is organized to admit girls who are sent away from home because they do not submit to the old régime. The women also aim at a reform of the civil and penal code.

International Conference on African Children

(*Cont'd. from page* 14)

The object of the Conference is to offer those interested in the lot of African children an opportunity to discuss their experiences on an independent platform, and to collaborate in deciding upon the best means of solving some of the most urgent social and health problems in Africa. The Conference will, at the same time, be a means of drawing public attention to questions of vital importance which call for earnest consideration even in countries other than those directly concerned.

The Conference enjoys the patronage of eminent representatives of government, scientific, ecclesiastical, missionary and humanitarian circles.

PROGRESS OF THE WOMEN OF PERSIA

As late as 1907, the first school for girls was established in Persia. Since then schools for girls have been established in many places. The curriculum resembles that of the boys, with the addition of domestic economy. There is a normal school for girls; the professors are foreigners. Twenty young ladies are sent annually to schools in Europe.

WHY WOMEN GO TO JAIL IN CHINA

IT IS related that a Chinese gentleman on being shown Sing Sing said that if prisons in China were like this, many people would want to go to them. This is just a gentle hint that prisons in China are not meant to be attractive.

An American genleman who visited the Hon San-so, the Canton police jail for women, relates in an article in the *China Weekly Review* how a pale hand thrust timidly through an iron-barred door, plucked gently at his sleeve. Turning, he looked into the face of a girl who could not have been more than seventeen. Swiftly she spoke, in a voice troubled with tremors of fear, of appeal, perhaps hope. She reached into the side of her gown and drew out a letter, clutched it uncertainly for a moment and then handed it to him. "My husband is jealous," the letter stated. "One day he came home and found me talking and laughing with his friend. I have been put into jail, just on his word and without any trial whatever. For four months I have been here and no friend has made an attempt to set me free. If I could once appear before an honest judge, I am certain that I could establish my innocence. You who read this, take pity and please use your influence on my behalf."

In one cell there was a girl who said she was sixteen years old. Her crime was desertion. After three months of marriage to a forty-two-year-old husband, to whom her parents had married her, she had run away with a childhood sweetheart, a boy of about her own age. Both of them were arrested at the request of the girl's mother-in-law. The woman paid—with a sentence of eight months in Hon San-so. The youth was released. Now the outraged husband has another wife.

Another girl was in for having stolen her neighbor's baby. She admitted her guilt and said that she had appeared before a magistrate who treated her fairly. She explained that since the death of her only child a year before, she had been much distraught and was subject to hallucinations on the subject of other mothers' babies. It appeared that she had recognized in her neighbor's infant the face of her own dead son and in a moment of insanity, had run off with him.

The case of another prisoner also involved a baby. This woman, thin and worn out in appearance had been interned at the instance of an action brought against her by a brother-in-law, who accused her of selling her youngster to a friend. She maintained her innocence. She had simply given it to a wealthier woman who had promised to return it, as soon as the mother had money enough to feed it. She thought that, given the chance to appear before an upright judge, she could prove that no money was exchanged.

A few girls frankly admitted that they had deviated from the path of rectitude, but justified themselves on various grounds. "I can not know how many of the tales are true," said the visitor. "One might expect exaggeration, distortion, perhaps fabrication, yet it is more than probable that behind each one there was a substance of truth."

Hon San-so also harbored victims of the so-called shy-lick, that omnipotent term in Chinese which means political power; also women convicted of "Muitsai" or slave child traffic. There were several women guilty of fraud and perjury and some young ladies who had undertaken to flog their mothers-in-law.

In Hon San-so no long terms are served. Dangerous and incorrigible felons are kept in Honan Penitentiary. There the sentence begins at two years and ends not infrequently with death.

A modern legal code recently promulgated at Nanking and supposedly functioning, provides that every woman shall have the same legal rights as man.

Once injustices see daylight and are brought to the notice of the world, there is a chance and a hope that they will awaken public opinion.

INTERNATIONAL CONFERENCE ON AFRICAN CHILDREN

Geneva, June 22 to 25, 1931

A CONFERENCE on African Children is shortly to be held at Geneva. This Conference is being organized by the **Save the Children International Union,** a well-known international association with member and affiliated organizations in thirty-five countries, whose object is to study the needs and come to the help of children of all races, nationalities and creeds.

The Union was founded eleven years ago for the purpose of assisting children in Europe who were suffering as a result of the war. It soon turned its attention, however, to the question of helping children of other continents for whom international Child Welfare has done little although their situation should call for very serious consideration.

This step which the Union has taken is gladly welcomed by all who are interested in the subject, and particularly by the Catholic and Protestant Missionary Societies. A group of experts, which met in Geneva in November, 1928, decided that Africa should form the first field of study, and that a questionnaire should be distributed throughout that continent. The replies to this questionnaire, 1,500 copies of which were sent out, are being put into the hands of the Conference reporters, all of whom have personal and expert knowledge of the subjects on the agenda, namely:

1. Infantile mortality, before and after birth, from the pathological point of view.
2. Infantile mortality, before and after birth, from the economic and social point of view.
3. Education considered so far as it is a preparation for life: (*a*) general education, (*b*) vocational training, (*c*) training for domestic life.
4. General study of conditions of work and protection of children at work.

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THE STORY OF A DOG

THE early history of said dog is obscure. I do not know where he came into being. I was told that on a Christmas Eve, not many years ago, he adorned a New York shop window and by his intelligent and alert look and graceful figure, attracted the attention of a gentleman passing by, who without much ado paid a good price for it and for the sake of a little humorous touch, put him among his wife's Christmas presents. The wife liked the dog and placed him in her bedroom on the twelfth story in one of New Yorks fashionable twenty-four-story buildings. Needless to say, Raja, as he was called, behaved very well. Besides an occasional admiring glance, no fuss was made over him until one fine day quite unexpectedly, his whole life was changed. The lady of the house happened to be a friend, nay, more than a friend; I may say a foster mother of the Society of Medical Missionaries from the time when it was only an idea. No wonder then, that she rejoiced when the idea had become tangible — when Medical Missionaries were actually ready to sail from New York to India. On that auspicious occasion, the eve of departure, she gave them a royal farewell party to which many of her friends had come to bid God speed to the pioneer band of Medical Missionaries. As the darkness of the evening was throwing its veil over the giant buildings of Manhattan, hundreds and thousands of electric lights began to appear in the windows, converting New York when seen from on high into a very fairy-land of glimmering palaces. The view was best from the lady's bedroom window, and so the party resorted thither to take in the sight as one of the last and lasting remembrances of the homeland. Raja, being seated in a place of vantage, could not escape notice and spontaneously one of the Medical Missionaries expressed her admiration of him. "Would you like to take him along?" said the lady. "Yes," was the prompt answer. He was placed in a basket with other things, and a few minutes later participated in a drive along the great white way of New York, a treat which the husband of our friend gave to the parting Missionaries.

Now Raja is the playmate of a sweet little Indian girl

At midnight the boat was off and Raja set out on his adventure. In India he received a place of honor in the parlor of the Medical Missionaries and his expression and color were occasionally admired but nothing very startling happened to him. Before Christmas, the Sisters were debating what Christmas present they would send to their Sisters in Bengal. "Sister L. loves dogs, let us send her Raja." And so good naturedly and without protest, but not without the regret of those who had brought him, he allowed himself to be packed up and sent to Bengal. "Such a beautiful dog," they said, when the lucky recipients unwrapped him. He had hardly time to acclimatise himself to the new surroundings, when he was destined for a change of home. An Indian woman doctor made such flattering remarks about him and mentioned so delicately that her little girl would love to play with such a harmless and pretty dog, that the Sisters simply could not retain it and generously they presented him to Sita, the doctor's baby girl. She simply loves him and wants him along wherever she goes. One day when she was having her dinner in the cook house with her mother, a gurru (a Hindu priest) came in and saw her with the dog. He stood in awe and looked and looked and then went to the husband who was in another room and said: "Your wife is eating with a dog in the room." The husband knew that it was a toy dog but kept it to himself and said: "Well, you know, she is a doctor, what can I do? I tell her she must not do these things, but it is no good." (If a dog goes into a Hindu kitchen everything must be thrown away.) Then the doctor came in and had a volume of reproaches and harsh words hurled at her by the gurru. She did not know the reason. "I have not broken my caste rules," she said. "Eating with a dog," the gurru exclaimed insinuating the depth of debasement. The trouble then dawned on her and she produced the dog. How they all laughed when she proved

(*Continued on page* 11)

MISSION VOCATIONS

The Intention of the Apostleship of Prayer for the Month of May

DURING the month of May, thirty millions of people, in seventy-five countries of the world, will pray for mission vocations. Among them there will be, no doubt, many holy souls who are glowing with desire and zeal for the spread of God's Kingdom; many also who would gladly and joyfully join the ranks of ambassadors of Christ, on the distant frontiers of Christendom, but whom circumstances or ill health keep at home. Being prevented from heeding the call themselves, they will pray all the more earnestly that the Lord may send laborers into His vineyard. Our Lord Himself counselled His Apostles how to increase their number. "Pray ye therefore" were His words. Since our Lord said so, it must be the right way, and it must be a successful way. This gives us confidence to pray for mission vocations for the priesthood, the brotherhood and the many sisterhoods.

May seems an appropriate time to dwell on the subject. It is to nature what youth is to life. The young blades of grass, the daffodils and the tulips, the opening buds on every twig, the fragrant giant bouquets of trees in full bloom, the air, the sunshine, the spring evenings and above all the spring mornings, with their freshness and gay concert of birds are stimulating and joy-producing. May is a picture of youth. The sight and thought of it are thrilling. In the order of nature, youth is the most beautiful gift of God to man, and it is man's most beautiful gift to God. It is also a gift that costs. When the worl says, freedom and a good time, displays tinsel and throws glaring flashlights on the prospects of the future, when love comes easily, when allurements, of all kinds, try to fasten themselves on the young soul, with centipede-like clutches, and when, on the other hand, the reverse side of the picture shows the steep and narrow path, with thorns on the roses, it is no wonder that the choice at the cross roads is not easy. Long ago the narrow path would have been deserted were it not for that strong magnet, the love of a God Who always has drawn and always will draw hearts to Himself. Perhaps many, full of ideals and good will, and a desire for the highest things in life, on whom Our Lord looked lovingly as He did on the rich young man, will do as he did; walk away sad; their relatives, their riches or attachments to possessions often very small, their own lack of determination and weakness get the upper hand. Many, however, with the grace of God, jump over the obstacles and thank God ever after for having favored them with His call. Few missionaries, if any, would change their lot with others. And why should they? They serve God and man in the best sense of the word. And missionary life is full of interest. Work of the most varied kind is beckoning on all sides, drawing on one's mental, moral and physical powers, calling for initiative and resourcefulness. No talent remains fallow. Being a life of *work* amid varied situations, missionary life calls for sound health and a sense of humor. Without the former one could not accomplish the labor of the day and without the sense of humor, one would not only miss a lot of fun, which spice of life is necessary even for missionaries, but would be oppressed by the gloom of paganism.

Then comes the question: What is the best time to take up the missionary vocation? A stereotype answer can not be given. The parable tells us that laborers were still hired at the eleventh hour, and, surprising to say, they received the same pay as those who had borne the heat and burden of the day. But who would deliberately lose a day's service, a year's service, years of service in the vineyard of the Master? Who would gather a beautiful bunch of perfumed flowers and enjoy them for a few days and then present them to his best friend? So it is with youth; enjoy it first and then offer it to God! No, the God of love is worthy of the best. Of course, many are not free in their youth. All the more merit to them for persevering in their determination and for the courage to cut the ties of the world and set out on a missionary career. But the time par excellence is youth, after graduation from high school, college or training school. If you hear the Master's call to serve Him in the missions, do not listen to the world. It will not be your advocate at the last judgment.

What kind of a missionary shall I be? That depends on one's tastes and leanings. As a rule one can accomplish a work, which one likes, more successfully. Tastes and talents are given by God. There are now orders, societies and organizations of many kinds representing the most varied forms of the mission apostolate, and when necessary new ones will come into being. As all work for the same end, although in a different way and in different fields, we ask our readers to pray earnestly this month for vocations of all kinds, that *more* laborers may offer themselves to help to gather in *more* harvest, and that finally there may be but one flock and one Shepherd.

THE USE OF LIFE

By Most Rev. Alban Goodier, *S.J.*

My God, infinite in possibilities,
All but infinite in act,
Who have made this little world
As one of your plans,
And have put man in it
As one ray of your glory,
And me a passing speck lit up in that ray,
Yet whom you have known, and loved,
And cared for,
And appointed from the beginning,
And trained by yourself,
As if I were the only one
In all your great creation
Were there no other, you could not do more,
I am here for you only,
To respond to your every touch,
To do just that which you would have me do
In single-hearted fulfilment of your will,
The rest not mattering anything at all,
My God, you know my keen desire
To be as you wish,
To do what you would have me do,
And yet how I have failed,
And failed, and failed again,
Of myself I can do nothing good,
Be nothing good,
I can not be or do anything at all.
Since you have made me, chosen me,
Appointed me,
Since sincerely I wish to give you all
My God, have pity on me,
My God, see you have your way,
My God, do not let me fail in myself,
Do not let me fail in duty.

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